

109TH CONGRESS  
2D SESSION

# S. 2823

To provide life-saving care for those with HIV/AIDS.

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IN THE SENATE OF THE UNITED STATES

MAY 17, 2006

Mr. ENZI (for himself, Mr. KENNEDY, Mr. HATCH, Mr. DEWINE, Mr. BURR, and Mr. FRIST) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To provide life-saving care for those with HIV/AIDS.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Ryan White HIV/  
5       AIDS Treatment Modernization Act”.

6       **TITLE I—EMERGENCY RELIEF**  
7       **FOR ELIGIBLE AREAS**

8       **SEC. 101. ESTABLISHMENT AND GENERAL ELIGIBILITY.**

9       (a) IN GENERAL.—Section 2601 of the Public Health  
10      Service Act (42 U.S.C. 300ff–11) is amended by striking  
11      subsections (b) through (d) and inserting the following:

1 “(b) CONTINUED STATUS AS ELIGIBLE AREA.—Not-  
 2 withstanding any other provision of this section, a metro-  
 3 politan area shall continue to be eligible to receive a grant  
 4 under this part until such area, for three consecutive grant  
 5 years, fails to meet the requirements of subsection (a).”.

6 (b) DEFINITION.—Section 2607(2) of the Public  
 7 Health Service Act (42 U.S.C. 300ff–17(2)) is amended  
 8 by adding at the end the following: “For purposes of de-  
 9 termining eligibility under this part, the boundaries of  
 10 each metropolitan area shall be the boundaries that were  
 11 in effect for each such area for fiscal year 1994.”.

12 **SEC. 102. LIVING CASES OF HIV/AIDS.**

13 (a) IN GENERAL.—Section 2601(a) of the Public  
 14 Health Service Act (42 U.S.C. 300ff–11(a)) is amended  
 15 by striking “for which there” and all that follows through  
 16 “available” and inserting “for which there is reported to  
 17 and confirmed by the Director of the Centers for Disease  
 18 Control and Prevention a cumulative total of more than  
 19 2,000 cases of AIDS for the most recent period of 5 cal-  
 20 endar years for which such data are available”.

21 (b) DISTRIBUTION BASED ON LIVING CASES OF HIV/  
 22 AIDS.—Section 2603(a)(3) of the Public Health Service  
 23 Act (42 U.S.C. 300ff–13(a)(3)) is amended—

24 (1) in subparagraph (B), by striking “cases of  
 25 acquired immune deficiency syndrome” and inserting

1 “cases of HIV/AIDS (reported to and confirmed by  
 2 the Director of the Centers for Disease Control and  
 3 Prevention)”;

4 (2) by striking subparagraphs (C) and (D) and  
 5 inserting the following:

6 “(C) LIVING CASES OF HIV/AIDS.—

7 “(i) IN GENERAL.—Except as pro-  
 8 vided for in clauses (ii) and (iii), the  
 9 amount determined in this subparagraph is  
 10 the number of living cases of HIV/AIDS  
 11 (reported to and confirmed by the Director  
 12 of the Centers for Disease Control and  
 13 Prevention) through December 31 of the  
 14 most recent calendar year.

15 “(ii) FISCAL YEARS 2007 THROUGH  
 16 2010.—For each of fiscal years 2007  
 17 through 2010, the Secretary may use the  
 18 proxy number for the number of HIV cases  
 19 described in clause (iii) if—

20 “(I) the State involved—

21 “(aa) is reporting, or the  
 22 State will by October 1, 2006  
 23 have submitted a transition plan  
 24 for reporting, accurate and reli-  
 25 able HIV cases to the Director of

1 the Centers for Disease Control  
2 and Prevention; or

3 “(bb) not later than October  
4 1, 2006, make all necessary stat-  
5 utory changes to allow for the  
6 collection of HIV data certified  
7 by the Director of the Centers  
8 for Disease Control and Preven-  
9 tion;

10 “(II) the State involved will by  
11 April 1, 2008, begin reporting accu-  
12 rate and reliable HIV cases, as deter-  
13 mined by the Director of the Centers  
14 for Disease Control and Prevention;  
15 and

16 “(III) the Director of the Centers  
17 for Disease Control and Prevention  
18 has determined that such State does  
19 not have an established HIV surveil-  
20 lance system.

21 “(iii) AMOUNT DETERMINED.—With  
22 respect to each of fiscal years 2007  
23 through 2010, the amount determined  
24 under this subparagraph shall be the lesser  
25 of—

1 “(I) the product of 0.9 and the  
 2 number of living AIDS cases in the  
 3 area involved; or

4 “(II) an amount equal to 110  
 5 percent of the funding level for the  
 6 previous fiscal year, taking into ac-  
 7 count the shift of the formula pool  
 8 from 0.5 to 0.67 in fiscal year 2006.”;  
 9 and

10 (3) by redesignating subparagraph (E) as sub-  
 11 paragraph (D).

12 (c) APPLICATION.—Section 2604(b)(4)(A) of the  
 13 Public Health Service Act (42 U.S.C. 300ff–14(b)(4)(A))  
 14 is amended—

15 (1) by striking “acquired immune deficiency  
 16 syndrome” and inserting “HIV/AIDS”; and

17 (2) by striking “such syndrome” and inserting  
 18 “HIV/AIDS”.

19 (d) COORDINATION.—Section 2605(b) of the Public  
 20 Health Service Act (42 U.S.C. 300ff–15(b)) is amended—

21 (1) in paragraph (3), by striking “and” at the  
 22 end;

23 (2) in paragraph (4), by striking the period and  
 24 inserting a semicolon; and

25 (3) by adding at the end the following:

1 “(5) the manner in which the expected expendi-  
 2 tures under the grant are related to the planning  
 3 process for States that receive funding under part B  
 4 (including the planning process described in section  
 5 2617(b)); and

6 “(6) the expected expenditures under the grant  
 7 and how those expenditures will improve overall cli-  
 8 ent outcomes, as described under the State plan  
 9 under section 2617(b), or through additional out-  
 10 comes measures.”.

11 **SEC. 103. TYPE AND DISTRIBUTION OF GRANTS.**

12 (a) DISTRIBUTION OF FUNDS.—Section 2603(a)(2)  
 13 of the Public Health Service Act (42 U.S.C. 300ff–  
 14 13(a)(2)) is amended by striking “50 percent” and insert-  
 15 ing “66 $\frac{2}{3}$  percent”.

16 (b) EMERGENCY GRANTS.—Section 2603(a)(3)(E) of  
 17 the Public Health Service Act (42 U.S.C. 300ff–  
 18 13(a)(3)(E)) is amended to read as follows:

19 “(E) UNEXPENDED FUNDS.—

20 “(i) IN GENERAL.—An eligible area  
 21 that has unobligated funds for a fiscal year  
 22 under a grant under this part shall—

23 “(I) return such funds to the  
 24 Secretary to be applied as provided  
 25 for in subsection (b); or

1                   “(II) submit an application to  
2                   the Secretary for the use of such  
3                   funds in the succeeding fiscal year  
4                   that includes a description of the  
5                   manner in which the area intends to  
6                   use such funds.

7                   “(ii) CARRYOVER.—With respect to  
8                   an application received under clause (i)(II),  
9                   the Secretary shall determine whether the  
10                  area involved may carryover any unobli-  
11                  gated funds for use under this part in the  
12                  succeeding fiscal year or whether such  
13                  amounts shall be returned to the Secretary  
14                  for use under subsection (b). Notice shall  
15                  be provided to the area of such determina-  
16                  tion.

17                  “(iii) FAILURE TO EXPEND FUNDS.—  
18                  Amounts carried over by an eligible area  
19                  under this subparagraph that are not ex-  
20                  pended in the succeeding fiscal year shall  
21                  be returned to the Secretary for use under  
22                  subsection (b).

23                  “(iv) CONSIDERATION IN MAKING  
24                  GRANTS.—The Secretary may, in deter-  
25                  mining the amount of a grant for a fiscal

year under this paragraph, adjust the grant amount to reflect the amount of unexpended and uncanceled grant funds remaining at the end of the fiscal year preceding the year for which the grant determination is to be made. The amount of any such unexpended funds shall be determined using the financial status report of the grantee.”.

(c) HOLD HARMLESS.—Section 2603(a)(4) of the Public Health Service Act (42 U.S.C. 300ff–13(a)(4)) is amended to read as follows:

“(4) INCREASES IN GRANT.—

“(A) IN GENERAL.—For eligible areas receiving grants under this section in fiscal year 2007, the Secretary shall increase the amount of the grant made pursuant to paragraph (2) for the area to ensure that—

“(i) for fiscal year 2007, the grant is not less than 90 percent of the amount of the grant made for the eligible area pursuant to such paragraph for the base year;

“(ii) for fiscal year 2008, the grant is not less than 85 percent of the amount of such base year grant; and



1 “(iii) for fiscal year 2009, the grant is  
 2 not less than 80 percent of the amount of  
 3 the base year grant.

4 “(B) BASE YEAR.—With respect to grants  
 5 made pursuant to paragraph (2) for an eligible  
 6 area, the base year shall be fiscal year 2006.”.

7 **SEC. 104. CORE MEDICAL SERVICES.**

8 Section 2604 of the Public Health Service Act (42  
 9 U.S.C. 300ff–14) is amended by adding at the end the  
 10 following:

11 “(h) REQUIRED FUNDING FOR CORE MEDICAL  
 12 SERVICES.—

13 “(1) IN GENERAL.—Notwithstanding any other  
 14 provision of law, a grantee under this part shall ex-  
 15 pend not less than 75 percent of the funds received  
 16 under the grant on core medical services, except that  
 17 the Secretary shall waive the application of this sub-  
 18 section with respect to a grantee if the Secretary de-  
 19 termines that, within the service area of the grant-  
 20 ee—

21 “(A) there is no waiting lists for AIDS  
 22 Drug Assistance Program services; and

23 “(B) core medical services are available to  
 24 all individuals infected with HIV/AIDS.

1           “(2) CORE MEDICAL SERVICES.—For purposes  
2           of this subsection, the term ‘core medical services’  
3           with respect to an individual infected with HIV/  
4           AIDS (including the co-occurring diseases of the in-  
5           dividual) means the following services:

6                   “(A) Outpatient and ambulatory health  
7                   services.

8                   “(B) AIDS Drug Assistance Program  
9                   treatments.

10                  “(C) AIDS pharmaceutical assistance.

11                  “(D) Oral health care.

12                  “(E) Early intervention services.

13                  “(F) Health insurance premium and cost  
14                  sharing assistance for low-income individuals.

15                  “(G) Home health care.

16                  “(H) Hospice services.

17                  “(I) Home and community-based health  
18                  services as defined under section 2614(c), ex-  
19                  cept homemaker services.

20                  “(J) Mental health services.

21                  “(K) Substance abuse outpatient care.

22                  “(L) Medical case management, including  
23                  treatment adherence services.

24           “(3) SUPPORT SERVICES.—Notwithstanding  
25           any other provision of law, and subject to paragraph

(1), a grantee under this part, subject to the approval of the Secretary, may provide support services (such as respite care for individuals with HIV/AIDS, outreach services, medical transportation, nutritional counseling, linguistic services, and referral for health care and support services for individuals with HIV/AIDS) needed to achieve medical outcomes which are related to the medical outcomes for an individual infected with HIV and approved by the Secretary.

“(4) DEFINITION OF MEDICAL OUTCOMES.—In this subsection, the term ‘medical outcomes’ means those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

“(5) UNEXPENDED FUNDS.—Any amounts required to be expended for core medical services or support services under this subsection that remain unobligated at the end of the fiscal year in which the funds were awarded shall be remitted to the Secretary for reallocation under section 2603(b).”.

**SEC. 105. SUPPLEMENTAL GRANTS.**

Section 2603(b) of the Public Health Service Act (42 U.S.C. 300ff–13(b)) is amended—

(1) by striking “severe need” each place that such appears and inserting “demonstrated need”;

(2) in paragraph (1)—

1 (A) in the matter preceding subparagraph  
 2 (A), by striking “Not later than” and all that  
 3 follows through “the Secretary shall” and insert  
 4 “The Secretary shall”;

5 (B) by striking subparagraph (F) and in-  
 6 serting the following:

7 “(F) demonstrate the inclusiveness of af-  
 8 fected communities and individuals with HIV/  
 9 AIDS;”;

10 (C) in subparagraph (G), by striking the  
 11 period and inserting “; and”; and

12 (D) by adding at the end the following:

13 “(H) demonstrate the ability of the appli-  
 14 cant to expend funds efficiently by not having  
 15 any unexpended funds reallocated under section  
 16 2603(a)(3)(E).”;

17 (3) in paragraph (2)—

18 (A) by striking subparagraph (B) and in-  
 19 serting the following:

20 “(B) DEMONSTRATED NEED.—In deter-  
 21 mining demonstrated need for purposes of sub-  
 22 paragraph (A), the Secretary shall consider rel-  
 23 evant factors that impact the need for supple-  
 24 mental financial assistance, including—

1 “(i) the unmet need for such services,  
2 as determined under section 2602(b)(4) or  
3 other community input process as defined  
4 under section 2609A(a);

5 “(ii) an increasing need for HIV/  
6 AIDS-related services, including relative  
7 rates of increase in the number of cases of  
8 HIV/AIDS;

9 “(iii) the relative rates of increase in  
10 the number of cases of HIV/AIDS within  
11 new or emerging subpopulations;

12 “(iv) the current prevalence of HIV/  
13 AIDS;

14 “(v) relevant factors related to the  
15 cost and complexity of delivering health  
16 care to individuals with HIV/AIDS in the  
17 eligible area;

18 “(vi) the impact of co-morbid factors,  
19 including co-occurring infections, deter-  
20 mined relevant by the Secretary;

21 “(vii) the prevalence of homelessness;

22 “(viii) the prevalence of individuals  
23 described under section 2602(b)(2)(M);

24 “(ix) the relevant factors that limit  
25 access to health care, including geographic

variation, adequacy of health insurance coverage, and language barriers; or

“(x) the impact of a precipitous decline in the amount received under this subpart to an increase in unmet need for such services.”; and

(B) by striking subparagraphs (C) and (D).

**SEC. 106. ADMINISTRATIVE COSTS.**

Section 2604(f) of the Public Health Service Act (42 U.S.C. 300ff–14(f)) is amended—

(1) in paragraph (1), by striking “5 percent” and inserting “10 percent”; and

(2) in paragraph (2)(B), by inserting “the activities carried out by HIV health services planning council as established under section 2602(b),” after “including”.

**SEC. 107. AUDITS.**

Section 2605(a) of the Public Health Service Act (42 U.S.C. 300ff–15(a)) is amended—

(1) in paragraph (8), by striking “and” at the end;

(2) in paragraph (9), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

1           “(10) that the chief elected official will submit  
 2           to the lead State agency under section 2617(b)(4),  
 3           audits regarding funds expended in accordance with  
 4           this part every 2 years and shall include necessary  
 5           client-based data to compile unmet need calculations  
 6           and Statewide coordinated statements of need proc-  
 7           ess.”.

8   **SEC. 108. PLANNING COUNCIL REPRESENTATION.**

9           Section 2602(b)(2)(G) of the Public Health Service  
 10   Act (42 U.S.C. 300ff–12(b)(2)(G)) is amended by insert-  
 11   ing “, Native Americans, individuals co-infected with hep-  
 12   atitis B or C” after “disease”.

13   **SEC. 109. PAYER OF LAST RESORT.**

14           Section 2605(a)(6)(A) of the Public Health Service  
 15   Act (42 U.S.C. 300ff–15(a)(6)(A)) is amended by insert-  
 16   ing “(except for a program administered by or providing  
 17   the services of the Indian Health Service)” before the  
 18   semicolon.

19   **SEC. 110. TRANSITIONAL GRANTS FOR OTHER AREAS.**

20           (a) IN GENERAL.—Part A of title XXVI of the Public  
 21   Health Service Act (42 U.S.C. 300ff–11) is amended—

22                   (1) by inserting after the part heading the fol-  
 23           lowing:

**“Subpart I—General Grant Provisions”;**

(2) by redesignating sections 2606 and 2607 as sections 2610 and 2610A, respectively; and

(3) by adding at the end the following:

**“Subpart II—Transitional Grants**

**“SEC. 2609. ESTABLISHMENT.**

“(a) ELIGIBLE AREAS.—

“(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, subject to subsection (b), make grants in accordance with this subpart for the purpose of assisting in the provision of the services specified in section 2604 in any metropolitan area—

“(A) for which there has been reported to and confirmed by the Director of the Centers for Disease Control and Prevention a cumulative total of at least 1,000, but less than 2,000, cases of acquired immune deficiency syndrome for the most recent period of 5 calendar years for which such data are available; and

“(B) for which there has been reported to and confirmed by the Director of the Centers for Disease Control and Prevention a cumulative total of at least 500, but less than 1,000, cases of acquired immune deficiency syndrome



1           for the most recent period of 5 calendar years  
2           for which such data are available.

3           “(2) ADDITIONAL ELIGIBLE AREAS.—With re-  
4           spect to fiscal year 2007, a metropolitan area that  
5           received funding under this part for fiscal year 2006  
6           but which does not meet the eligibility threshold de-  
7           scribed in paragraph (1)(A) for fiscal year 2007  
8           shall be deemed to be eligible under such paragraph  
9           (1)(A).

10          “(b) CONTINUED STATUS AS ELIGIBLE AREA.—Not-  
11         withstanding any other provision of this section, a metro-  
12         politan area shall continue to be eligible to receive a grant  
13         under this section until such area, for three consecutive  
14         grant years, fails to meet the applicable requirement of  
15         subparagraph (A) or (B) of subsection (a)(1) concerning  
16         the number of living cases of AIDS over the most recent  
17         5-year period.

18         **“SEC. 2609A. APPLICATION OF OTHER PROVISIONS.**

19           “(a) ADMINISTRATION.—

20           “(1) IN GENERAL.—The provisions of section  
21         2602 shall apply to areas that receive a grant under  
22         this subpart, except that the chief elected official  
23         may elect not to comply with the provisions of sub-  
24         section (b), so long as the official provides docu-  
25         mentation to the Secretary that details the process

1       used to obtain community input (particularly from  
 2       those inflected with HIV) for the design and imple-  
 3       mentation of activities related to such grant.

4               “(2) EXCEPTION.—The exception provided for  
 5       in paragraph (1) shall not apply in fiscal years 2007  
 6       through 2009 to areas that receive funding under  
 7       this part.

8               “(b) DISTRIBUTION.—The provisions of section 2603  
 9       shall apply for purposes of awarding grants under this  
 10      subpart, except that—

11              “(1) with respect to areas described in section  
 12      2609(a)(1)(A)—

13              “(A)  $66\frac{2}{3}$  percent of the amounts appro-  
 14              priated under section 2609B(1) for each fiscal  
 15              year shall be allocated to such areas as provided  
 16              for in section 2603(a); and

17              “(B)  $33\frac{1}{3}$  percent of the amounts appro-  
 18              priated under section 2609B(1) for each fiscal  
 19              year shall be allocated to such areas as provided  
 20              for in section 2603(b); and

21              “(2) with respect to areas described in section  
 22      2609(a)(1)(B), 100 percent of the amounts appro-  
 23              priated under section 2609B(2) for each fiscal year  
 24              shall be allocated to such areas as provided for in  
 25              section 2603(a).

1       “(c) HOLD HARMLESS.—Paragraph (4) of section  
2 2603(a) shall not apply to an area for purposes of this  
3 subpart.

4       “(d) USE OF AMOUNTS.—Amounts provided to an  
5 area under a grant under this part shall be used by such  
6 entity as provided for in section 2604.

7       “(e) APPLICATION.—To be eligible to receive a grant  
8 under this subpart, an area shall submit to the Secretary  
9 an application that meets the requirements of section  
10 2605.

11       “(f) TECHNICAL ASSISTANCE AND DEFINITIONS.—  
12 The provisions of sections 2606 and 2707 shall apply for  
13 purposes of this subpart, except that with respect to the  
14 definition of metropolitan area in section 2607(2), such  
15 term shall be applied so that for purposes of determining  
16 eligible areas, the Secretary shall use the boundaries of  
17 a respective area that were used when the area involved  
18 initially receive funding under this part.

19 **“SEC. 2609B. AUTHORIZATION OF APPROPRIATIONS.**

20       “There are authorized to be appropriated to carry out  
21 this subpart—

22               “(1) with respect to areas described in section  
23 2609(a)(1)(A), \$123,300,000 for fiscal year 2007,  
24 \$127,900,000 for fiscal year 2008, \$132,600,000 for

1       fiscal year 2009, \$137,500,000 for fiscal year 2010,  
2       and \$142,600,000 for fiscal year 2011; and

3               “(2) with respect to areas described in section  
4       2609(a)(1)(B), \$5,000,000 for each of the fiscal  
5       years 2007 through 2011.

6               **“Subpart III—General Provisions”.**

7       (b) REPEAL.—Section 2620 of the Public Health  
8       Service Act (42 U.S.C. 300ff–30) is repealed.

9       **SEC. 111. AUTHORIZATION OF APPROPRIATIONS.**

10       Subpart I of part A of title XXVI of the Public  
11       Health Service Act (42 U.S.C. 300ff–11) is amended by  
12       adding at the end the following:

13       **“SEC. 2606. AUTHORIZATION OF APPROPRIATIONS.**

14       “For the purpose of carrying put this subpart, there  
15       are authorized to be appropriated \$418,600,000 for fiscal  
16       year 2007, \$434,100,000 for fiscal year 2008,  
17       \$450,100,000 for fiscal year 2009, \$466,800,000 for fis-  
18       cal year 2010, and \$484,100,000 for fiscal year 2011.”.

19               **TITLE II—CARE GRANTS**

20       **SEC. 201. LIVING CASES OF HIV/AIDS.**

21       (a) PRIORITY.—Section 2611(b)(1) of the Public  
22       Health Service Act (42 U.S.C. 300ff–21(b)(1)) is amend-  
23       ed—

24               (1) by striking “acquired immune deficiency  
25       syndrome” and inserting “HIV/AIDS”; and

1           (2) by striking “such syndrome” and inserting  
2           “HIV/AIDS”.

3           (b) APPLICATION.—Section 2617(d)(3) of the Public  
4 Health Service Act (42 U.S.C. 300ff–27(d)(3)) is amend-  
5 ed—

6           (1) in subparagraph (A), by striking “acquired  
7 immune deficiency syndrome” and inserting “HIV/  
8 AIDS”; and

9           (2) in subparagraph (C), by striking “acquired  
10 immune deficiency syndrome” and inserting “HIV/  
11 AIDS”.

12          (c) DISTRIBUTION OF FUNDS.—Section 2618(a) of  
13 the Public Health Service Act (42 U.S.C. 300ff–28(a)) is  
14 amended—

15           (1) in paragraph (1)(A)(i)—

16           (A) in subclause (I), by striking “cases of  
17 acquired immune deficiency syndrome, as deter-  
18 mined under paragraph (2)(D)” and inserting  
19 “living cases of AIDS (reported to and con-  
20 firmed by the Director of the Centers for Dis-  
21 ease Control and Prevention)”; and

22           (B) in subclause (II)—

23           (i) by striking “cases of acquired im-  
24 mune deficiency syndrome, as determined  
25 under paragraph (2)(D)” and inserting

“living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention)”; and

(ii) by inserting “and” after the semicolon; and

(2) in paragraph (2)—

(A) in subparagraph (B), by striking “estimated number of living cases of acquired immune deficiency syndrome” and inserting “number of living cases of HIV/AIDS”;

(B) in subparagraph (C)—

(i) by striking “estimated” each place that such term appears; and

(ii) by striking “acquired immune deficiency syndrome” each place that such appears and inserting “HIV/AIDS”; and

(C) by striking subparagraph (D) and inserting the following:

“(F) LIVING CASES OF HIV/AIDS.—

“(i) IN GENERAL.—Except as provided for in clause (ii) and (iii), the amount determined in this subparagraph is the number of living cases of HIV/AIDS (reported to and confirmed by the Director of the Centers for Disease Control and

1 Prevention) through December 31 of the  
2 most recent calendar year involved.

3 “(ii) FISCAL YEARS 2007 THROUGH  
4 2010.—For each of fiscal years 2007  
5 through 2010, the Secretary may use the  
6 proxy number for the number of HIV cases  
7 described in clause (iii) if—

8 “(I) the State involved—

9 “(aa) is reporting, or the  
10 State will by October 1, 2006  
11 have submitted a transition plan  
12 for reporting, accurate and reli-  
13 able HIV cases to the Director of  
14 the Centers for Disease Control  
15 and Prevention; or

16 “(bb) not later than October  
17 1, 2006, make all necessary stat-  
18 utory changes to allow for the  
19 collection of HIV data certified  
20 by the Director of the Centers  
21 for Disease Control and Preven-  
22 tion;

23 “(II) the State involved will by  
24 April 1, 2008, begin reporting accu-  
25 rate and reliable HIV cases, as deter-

1                   mined by the Director of the Centers  
 2                   for Disease Control and Prevention;  
 3                   and

4                   “(III) the Director of the Centers  
 5                   for Disease Control and Prevention  
 6                   has determined that such State does  
 7                   not have an established HIV surveil-  
 8                   lance system.

9                   “(iii) AMOUNT DETERMINED.—With  
 10                  respect to each of fiscal years 2007  
 11                  through 2010, the amount determined  
 12                  under this subparagraph shall be the lesser  
 13                  of—

14                  “(I) the product of 0.9 and the  
 15                  number of living AIDS cases in the  
 16                  area involved; or

17                  “(II) an amount equal to 110  
 18                  percent of the funding level for the  
 19                  previous fiscal year.”.

20 **SEC. 202. AIDS DRUG ASSISTANCE PROGRAM.**

21                  (a) REQUIREMENT OF MINIMUM DRUG LIST.—Sec-  
 22                  tion 2616 of the Public Health Service Act (42 U.S.C.  
 23                  300ff–26) is amended—

24                         (1) in subsection (c), by striking paragraph (1)  
 25                         and inserting the following:



(b) STATE REQUIREMENTS.—Subclauses (I) through (III) of section 2618(a)(2)(I)(ii) of the Public Health Service Act (42 U.S.C. 300ff–28(a)(2)(I)(ii)(I)–(III)) are amended to read as follows:

**•S 2823 IS**

1 to enable such States to purchase  
2 and distribute to eligible individ-  
3 uals (as described in section  
4 2616(b)), pharmaceutical thera-  
5 peutics described under sections  
6 2616(a) and 2616(c).

7 “(II) ELIGIBLE STATES.—

8 For purposes of subclause (I), a  
9 State shall be an eligible State if  
10 the State did not have unex-  
11 pended funds subject to realloca-  
12 tion under section 2618(d) and,  
13 in accordance with criteria estab-  
14 lished by the Secretary, dem-  
15 onstrates a severe need for a  
16 grant under this clause. In devel-  
17 oping such criteria, the Secretary  
18 shall consider eligibility stand-  
19 ards, formulary composition, the  
20 number of eligible individuals to  
21 whom a State is unable to pro-  
22 vide therapeutics described in  
23 section 2616(a), and an unantici-  
24 pated increase of eligible individ-  
25 uals with HIV/AIDS.

1 “(III) STATE REQUIREMENTS.—

2 The Secretary may not make a grant  
 3 to a State under this clause unless the  
 4 State agrees that the State will make  
 5 available (directly or through dona-  
 6 tions of public or private entities)  
 7 non-Federal contributions toward the  
 8 activities to be carried out under the  
 9 grant in an amount equal to \$1 for  
 10 each \$4 of Federal funds provided in  
 11 the grant, except that the Secretary  
 12 may waive this subclause if the State  
 13 has otherwise fully complied with sec-  
 14 tion 2617(d) with respect to the grant  
 15 year involved.”.

16 (c) INCREASE IN ADAP SET-ASIDE.—Section  
 17 2618(a)(2)(I)(ii)(V) of the Public Health Service Act (42  
 18 U.S.C. 300ff–28(a)(2)(I)(ii)(V)) is amended by striking  
 19 “3” and inserting “5”.

20 (d) DRUG REBATE PROGRAM.—Section 2616 of the  
 21 Public Health Service Act (42 U.S.C. 300ff–26) is amend-  
 22 ed by adding at the end the following:

23 “(f) DRUG REBATE PROGRAM.—A State shall ensure  
 24 that any drug rebates received on drugs purchased from  
 25 funds provided under this section are applied to activities

1 supported under this title, with a preference for activities  
 2 described under this section.”.

3 **SEC. 203. COORDINATION.**

4 Section 2617(b) of the Public Health Service Act (42  
 5 U.S.C. 300ff–27(b)) is amended—

6 (1) by redesignating paragraphs (4) through  
 7 (6) as paragraphs (5) through (7), respectively;

8 (2) by inserting after paragraph (3), the fol-  
 9 lowing:

10 “(4) the designation of a lead State agency that  
 11 shall—

12 “(A) administer all assistance received  
 13 under this part;

14 “(B) conduct the needs assessment and  
 15 prepare the State plan under paragraph (3);

16 “(C) prepare all applications for assistance  
 17 under this part;

18 “(D) receive notices with respect to pro-  
 19 grams under this title;

20 “(E) every 2 years, collect and submit to  
 21 the Secretary all audits from grantees within  
 22 the State, including audits regarding funds ex-  
 23 pended in accordance with this part; and

1 “(F) carry out any other duties determined  
 2 appropriate by the Secretary to facilitate the  
 3 coordination of programs under this title.”;

4 (3) in paragraph (5) (as so redesignated)—

5 (A) in the matter preceding subparagraph  
 6 (A), by striking “under this part” and inserting  
 7 “under any provision of this title”;

8 (B) in subparagraph (E), by striking  
 9 “and” at the end; and

10 (C) by inserting after subparagraph (F),  
 11 the following:

12 “(G) includes key outcomes to be measured  
 13 by all entities in the State receiving assistance  
 14 under this title; and”.

15 **SEC. 204. DISTRIBUTION OF FUNDS.**

16 (a) IN GENERAL.—Section 2618(a)(2) of the Public  
 17 Health Service Act (42 U.S.C. 300ff–28(a)(2)) is amend-  
 18 ed—

19 (1) in subparagraph (A)—

20 (A) in clause (i), by striking “and (I)” and  
 21 inserting “, (I), and (J)”; and

22 (B) in clause (ii)—

23 (i) in subclause (I)—

24 (I) by striking “0.8” and insert-  
 25 ing “0.75”; and

1 (II) by striking “and” at the end;

2 (ii) in subclause (II), by striking the  
3 period and inserting “; and”; and

4 (iii) by adding at the end the fol-  
5 lowing:

6 “(III) the product of 0.05 and  
7 the ratio of the locality distribution  
8 factor (as determined under subpara-  
9 graph (D)) to the sum of the respec-  
10 tive State distribution factors for all  
11 States and territories.”;

12 (2) in subparagraph (C)(ii), by striking “(as de-  
13 termined under part A)” and inserting “under sub-  
14 part I of part A and an eligible area under section  
15 2609(a)(1)(A)”;

16 (3) by inserting after subparagraph (C), the fol-  
17 lowing:

18 “(D) LOCALITY DISTRIBUTION FACTOR.—  
19 For purposes of subparagraph (A)(ii)(III), the  
20 term ‘locality distribution factor’ means an  
21 amount equal to the sum of—

22 “(i) the number of living cases of  
23 HIV/AIDS in the State or territory in-  
24 volved, as determined under subparagraph  
25 (F); less

1 “(ii) the number of living cases of  
 2 HIV/AIDS in such State or territory that  
 3 are within an eligible area (as determined  
 4 under subpart I of part A and section  
 5 2609(a)(1)(A)).”;

6 (4) by striking subparagraph (E) and inserting  
 7 the following:

8 “(E) SEVERITY OF NEED.—

9 “(i) FISCAL YEARS BEGINNING WITH  
 10 2011.—If, by January 1, 2010, the Sec-  
 11 retary notifies the appropriate committees  
 12 of Congress that the Secretary has devel-  
 13 oped a severity of need index, in accord-  
 14 ance with clause (v), the provisions of sub-  
 15 paragraphs (A) through (D) shall not  
 16 apply for fiscal year 2011 or any fiscal  
 17 year thereafter, and the Secretary shall use  
 18 the severity of need index (as defined in  
 19 clause (iv)) for the determination of the  
 20 formula allocations, subject to the Con-  
 21 gressional Review Act.

22 “(ii) SUBSEQUENT FISCAL YEARS.—  
 23 If, on or before any January 1 that is sub-  
 24 sequent to the date referred to in clause  
 25 (i), the Secretary notifies the appropriate

1 committees of Congress that the Secretary  
2 has developed a severity of need index, in  
3 accordance with clause (v), for each suc-  
4 ceeding fiscal year, the provisions of sub-  
5 paragraphs (A) through (D) shall not  
6 apply, and the Secretary shall use the se-  
7 verity of need index (as defined in clause  
8 (iv)) for the determination of the formula  
9 allocations, subject to the Congressional  
10 Review Act.

11 “(iii) FISCAL YEAR 2013.—The Sec-  
12 retary shall notify the appropriate commit-  
13 tees of Congress that the Secretary has de-  
14 veloped a severity of need index by Janu-  
15 ary 1, 2012, and the provisions of subpara-  
16 graphs (A) through (D) shall not apply,  
17 and the Secretary shall use the severity of  
18 need index (as defined in clause (iv)) for  
19 the formula allocations for fiscal year  
20 2013, subject to the Congressional Review  
21 Act.

22 “(iv) DEFINITION OF SEVERITY OF  
23 NEED INDEX.—In this subparagraph, the  
24 term ‘severity of need index’ means the  
25 index of the relative needs of individuals



1 within the State, as identified by a variety  
2 of different factors, and is a factor that is  
3 multiplied by the number of living HIV/  
4 AIDS cases in the State, providing dif-  
5 ferent weights to those cases based on  
6 their needs.

7 “(v) REQUIREMENTS FOR SECRE-  
8 TARIAL NOTIFICATION.—When the Sec-  
9 retary notifies the appropriate committees  
10 of Congress that the Secretary has devel-  
11 oped a severity of need index, the Sec-  
12 retary shall provide the following:

13 “(I) Methodology for and ration-  
14 ale behind developing the severity of  
15 need index, including information re-  
16 lated to the field testing of the sever-  
17 ity of need index.

18 “(II) Expected changes in fund-  
19 ing allocations, given the application  
20 of the severity of need index and the  
21 elimination of the provisions of sub-  
22 paragraphs (A) through (D).

23 “(III) Information regarding the  
24 process by which the Secretary re-  
25 ceived community input regarding the

1 application of the severity of need  
2 index.

3 “(IV) Timeline and process for  
4 the implementation of the severity of  
5 need index to ensure that it is applied  
6 in the following fiscal year.

7 “(vi) ANNUAL REPORTS.—Not later  
8 than 1 year after the date of enactment of  
9 the Ryan White HIV/AIDS Treatment  
10 Modernization Act, and annually thereafter  
11 until the Secretary notifies Congress that  
12 the Secretary has developed a severity of  
13 need index in accordance with this sub-  
14 paragraph, the Secretary shall prepare and  
15 submit to the appropriate committees of  
16 Congress a report—

17 “(I) that updates progress to-  
18 ward having client level data;

19 “(II) that updates the progress  
20 toward having a severity of need  
21 index, including information related to  
22 the methodology and process for ob-  
23 taining community input; and

24 “(III) that, as applicable, states  
25 whether the Secretary could develop a

1                   severity of need index before fiscal  
2                   year 2010.”.

3                   (5) by striking subparagraph (G), and inserting  
4                   the following:

5                   “(G) UNEXPENDED FUNDS.—

6                   “(i) IN GENERAL.—A State that has  
7                   unobligated funds for a fiscal year under a  
8                   grant under this part shall—

9                   “(I) return such funds to the  
10                  Secretary to be applied as provided  
11                  for in section 2620; or

12                  “(II) submit an application to  
13                  the Secretary for the use of such  
14                  funds in the succeeding fiscal year  
15                  that includes a description of the  
16                  manner in which the State intends to  
17                  use such funds.

18                  “(ii) CARRYOVER.—With respect to  
19                  an application received under clause (i)(II),  
20                  the Secretary shall determine whether the  
21                  State involved may carryover any unobli-  
22                  gated funds for use under this part in the  
23                  succeeding fiscal year or whether such  
24                  amounts shall be returned to the Secretary

for use under section 2620. Notice shall be provided to the area of such determination.

“(iii) FAILURE TO EXPEND FUNDS.—  
Amounts carried over by a State under this subparagraph that are not expended in the succeeding fiscal year shall be returned to the Secretary for use under section 2610.

“(iv) CONSIDERATION IN MAKING GRANTS.—The Secretary may, in determining the amount of a grant for a fiscal year under this paragraph, adjust the grant amount to reflect the amount of unexpended and uncanceled grant funds remaining at the end of the fiscal year preceding the year for which the grant determination is to be made. The amount of any such unexpended funds shall be determined using the financial status report of the grantee.”;

(6) by striking subparagraph (H); and

(7) in subparagraph (I)(ii), by striking subclause (VI) and inserting the following:

“(VI) INCREASES IN GRANT.—

1                   “(aa) IN GENERAL.—For el-  
2                   igible areas receiving grants  
3                   under this section in fiscal year  
4                   2007, the Secretary shall in-  
5                   crease the amount of the grant  
6                   made pursuant to paragraph (2)  
7                   for the State to ensure that—

8                   “(AA) for fiscal year  
9                   2007, the grant is not less  
10                  than 90 percent of the  
11                  amount of the grant made  
12                  for the State under section  
13                  2620 and section 2618(a)  
14                  for the base year;

15                  “(BB) for fiscal year  
16                  2008, the grant is not less  
17                  than 85 percent of the  
18                  amount of such base year  
19                  grant; and

20                  “(CC) for fiscal year  
21                  2009, the grant is not less  
22                  than 80 percent of the  
23                  amount of the base year  
24                  grant.

1                   “(bb) BASE YEAR.—With re-  
 2                   spect to grants made pursuant to  
 3                   paragraph (2) for an State, the  
 4                   base year shall be fiscal year  
 5                   2006.”.

6           (b) REALLOCATION.—Section 2618(d) of the Public  
 7   Health Service Act (42 U.S.C. 300ff–28(d)) is amended  
 8   by striking “in proportion to the original grants made to  
 9   such States” and insert “reallocated pursuant to section  
 10 2620”.

11 **SEC. 205. CORE MEDICAL SERVICES.**

12       Section 2612 of the Public Health Service Act (42  
 13 U.S.C. 300ff–22) is amended by adding at the end the  
 14 following:

15       “(e) REQUIRED FUNDING FOR CORE MEDICAL SERV-  
 16 ICES.—

17           “(1) IN GENERAL.—Notwithstanding any other  
 18       provision of law, a grantee under this part shall ex-  
 19       pend not less than 75 percent of the funds received  
 20       under the grant on core medical services, except that  
 21       the Secretary shall waive the application of this sub-  
 22       section with respect to a grantee if the Secretary de-  
 23       termines that, within the service area of the grant-  
 24       ee—

1           “(A) there is no waiting lists for AIDS  
2           Drug Assistance Program services; and

3           “(B) core medical services are available to  
4           all individuals infected with HIV/AIDS.

5           “(2) CORE MEDICAL SERVICES.—For purposes  
6           of this subsection, the term ‘core medical services’  
7           with respect to an individual infected with HIV/  
8           AIDS (including the co-occurring diseases of the in-  
9           dividual) means the following services:

10           “(A) Outpatient and ambulatory health  
11           services.

12           “(B) AIDS Drug Assistance Program  
13           treatments.

14           “(C) AIDS pharmaceutical assistance.

15           “(D) Oral health care.

16           “(E) Early intervention services.

17           “(F) Health insurance premium and cost  
18           sharing assistance for low-income individuals.

19           “(G) Home health care.

20           “(H) Hospice services.

21           “(I) Home and community-based health  
22           services as defined under section 2614(c), ex-  
23           cept homemaker services.

24           “(J) Mental health services.

25           “(K) Substance abuse outpatient care.

1           “(L) Medical case management, including  
2           treatment adherence services.

3           “(3) SUPPORT SERVICES.—Notwithstanding  
4           any other provision of law, and subject to paragraph  
5           (1), a grantee under this part, subject to the ap-  
6           proval of the Secretary, may provide support services  
7           (such as respite care for individuals with HIV/AIDS,  
8           outreach services, medical transportation, nutritional  
9           counseling, linguistic services, and referral for health  
10          care and support services for individuals with HIV/  
11          AIDS) needed to achieve medical outcomes which  
12          are related to the medical outcomes for an individual  
13          infected with HIV and approved by the Secretary.

14          “(4) DEFINITION OF MEDICAL OUTCOMES.—In  
15          this subsection, the term ‘medical outcomes’ means  
16          those outcomes affecting the HIV-related clinical  
17          status of an individual with HIV/AIDS.

18          “(5) UNEXPENDED FUNDS.—Any amounts re-  
19          quired to be expended for core medical services or  
20          support services under this subsection that remain  
21          unobligated at the end of the fiscal year in which the  
22          funds were awarded shall be remitted to the Sec-  
23          retary for reallocation under section 2620.”.



1 **SEC. 206. SUPPLEMENTAL GRANTS.**

2 (a) IN GENERAL.—Section 2620 of the Public Health  
3 Service Act (42 U.S.C. 300ff–30) is amended to read as  
4 follows:

5 **“SEC. 2620. SUPPLEMENTAL GRANTS.**

6 “(a) IN GENERAL.—The Secretary shall utilize  
7 amounts appropriated under section 2622 for a fiscal year  
8 and made available in accordance with subsection (c) to  
9 award grants to States whose applications under section  
10 2617 demonstrate a need in the State for supplemental  
11 financial assistance to combat the HIV epidemic and that  
12 have not had unexpended funds subject to the reallocation  
13 under section 2618(a)(2)(G).

14 “(b) DEMONSTRATED NEED.—In determining dem-  
15 onstrated need for purposes of subsection (a), the Sec-  
16 retary shall consider relevant factors that impact the need  
17 for supplemental financial assistance, including—

18 “(1) the unmet need for such services, as deter-  
19 mined under section 2602(b)(4) or other community  
20 input process as defined under section 2609A(a);

21 “(2) an increasing need for HIV/AIDS-related  
22 services, including relative rates of increase in the  
23 number of cases of HIV/AIDS;

24 “(3) the relative rates of increase in the number  
25 of cases of HIV/AIDS within new or emerging sub-  
26 populations;

1 “(4) the current prevalence of HIV/AIDS;

2 “(5) relevant factors related to the cost and  
3 complexity of delivering health care to individuals  
4 with HIV/AIDS in the eligible area;

5 “(6) the impact of co-morbid factors, including  
6 co-occurring infections, determined relevant by the  
7 Secretary;

8 “(7) the prevalence of homelessness;

9 “(8) the prevalence of individuals described  
10 under section 2602(b)(2)(M);

11 “(9) the relevant factors that limit access to  
12 health care, including geographic variation, adequacy  
13 of health insurance coverage, and language barriers;  
14 or

15 “(10) the impact of a precipitous decline in the  
16 amount received under this subpart to an increase in  
17 unmet need for such services.

18 “(c) AMOUNT AND TRIGGER OF FUNDING.—

19 “(1) AMOUNT.—For each fiscal year beginning  
20 with the trigger year described in paragraph (2), the  
21 Secretary shall make available for purposes of  
22 awarding grants under this section,  $\frac{1}{3}$  of the sum  
23 of—

24 “(A) the amount appropriated under sec-  
25 tion 2622 for such fiscal year; less

1           “(B) the amount made available to carry  
2           out section 2618(a)(2)(I) and section 2621 for  
3           such fiscal year.

4           “(2) TRIGGER YEAR.—This section shall be ef-  
5           fective only for fiscal years beginning in the first fis-  
6           cal year in which the amount appropriated under  
7           section 2621, excluding any amounts made available  
8           to carry out section 2618(a)(2)(I) and section 2621  
9           for such fiscal year, exceeds the amount appro-  
10          priated under section 2677(b) (as such section ex-  
11          isted on the day before the date of enactment of the  
12          Ryan White HIV/AIDS Treatment Modernization  
13          Act) for fiscal year 2006, excluding any amount  
14          made available to carry out section 2618(a)(2)(I) for  
15          fiscal year 2006.”.

16          (b) CONFORMING AMENDMENTS.—Section 2618 of  
17          the Public Health Service Act (42 U.S.C. 300ff–28) is  
18          amended—

19               (1) in subsection (a)(1), by striking “section  
20               2677” and inserting “section 2622 and to the provi-  
21               sions of section 2620”; and

22               (2) in subsection (c)(1), by inserting “, except  
23               for grants awarded under section 2620,” after  
24               “under this part”.

1 **SEC. 207. REDUCTION OF THE ADAP WAITING LIST.**

2 Subpart I of part B of title XXVI of the Public  
3 Health Service Act (42 U.S.C. 300ff–21 et seq.) is amend-  
4 ed by adding at the end the following:

5 **“SEC. 2621. REDUCTION OF THE ADAP WAITING LIST.**

6 “(a) IN GENERAL.—If the Secretary determines that  
7 there is additional need for States to have funds to provide  
8 eligible individuals (as described in section 2616(b)) ap-  
9 propriate access to pharmaceutical therapies, the Sec-  
10 retary may make supplemental grants to States described  
11 in subsection (b) to enable such States to purchase and  
12 distribute to eligible individuals pharmaceutical therapies  
13 as described in sections 2616(a) and 2616(e).

14 “(b) ELIGIBLE STATES.—For purposes of subsection  
15 (a), a State is an eligible State if the State did not have  
16 unexpended funds subject to reallocation under section  
17 2618(d), and, in accordance with criteria established by  
18 the Secretary, demonstrates a need for a grant under such  
19 subsection. In developing such criteria, the Secretary shall  
20 consider eligibility standards, formulary composition, the  
21 number of eligible individuals to whom the State is unable  
22 to provide therapeutics described in section 2616(a), and  
23 unanticipated increases in the number of eligible individ-  
24 uals.

25 “(c) STATE REQUIREMENTS.—The Secretary may  
26 not make a grant to a State under this section unless the

1 State involved agrees that the State will make available  
 2 (directly or through donations from public or private enti-  
 3 ties) non-Federal contributions toward the activities to be  
 4 carried out under the grant in an amount equal to \$1 for  
 5 each \$4 of Federal funds provided under the grant, except  
 6 that the Secretary may waive this subsection if the State  
 7 has otherwise fully complied with section 2617(d) with re-  
 8 spect to the grant year involved.

9 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
 10 is authorized to be appropriated to carry out this section,  
 11 \$40,000,000 for fiscal year 2007.”.

12 **SEC. 208. NATIVE AMERICAN REPRESENTATION.**

13 Section 2617(b)(6) of the Public Health Service Act  
 14 (42 U.S.C. 300ff–27(b)(5)), as so redesignated, is amend-  
 15 ed by inserting “Native Americans within the State,” be-  
 16 fore “representatives of grantees”.

17 **SEC. 209. PAYER OF LAST RESORT.**

18 Section 2617(b)(7)(F)(ii) of the Public Health Serv-  
 19 ice Act (42 U.S.C. 300ff–27(b)(6)) is amended by inserting  
 20 “(except for a program administered by or providing the  
 21 services of the Indian Health Services)” before the semi-  
 22 colon.

23 **SEC. 210. HEPATITIS.**

24 Section 2614(a)(3) of the Public Health Service Act  
 25 (42 U.S.C. 300ff–24(a)(3)) is amended by inserting “, in-

cluding speciality care (including vaccinations) for hepatitis coinfection,” after “health services”.

**SEC. 211. AUTHORIZATION OF APPROPRIATIONS.**

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–21 et seq.), as amended by section 207, is further amended by adding at the end the following:

**“SEC. 2622. AUTHORIZATION OF APPROPRIATIONS.**

“For the purpose of carrying put this subpart, there are authorized to be appropriated \$1,190,400,000 for fiscal year 2007, \$1,193,000,000 for fiscal year 2008, \$1,237,100,000 for fiscal year 2009, \$1,282,900,000 for fiscal year 2010, and \$1,330,300,000 for fiscal year 2011.”.

## TITLE III—EARLY INTERVENTION SERVICES

**SEC. 301. CATEGORICAL GRANTS.**

(a) ESTABLISHMENT OF PROGRAM.—Section 2651(b) of the Public Health Service Act (42 U.S.C. 300ff–51(b)) is amended—

(1) in paragraph (2)(D), by striking “the disease” and inserting “HIV/AIDS”;

(2) in paragraph (4)(B)—

(A) in clause (i), by striking “paragraphs (1)” and all that follows through “2652(a)”

1 and inserting “subparagraphs (A), (D), (E),  
2 and (F) of section 12652(a)(1)”; and

3 (B) in clause (ii), by striking “paragraphs  
4 (3) and (4) of section 2652(a)” and inserting  
5 “subparagraphs (B) and (C) of section  
6 2652(a)(1)”; and

7 (3) in paragraph (5)(A), by striking “the dis-  
8 ease” each place that such appears and inserting  
9 “HIV/AIDS”.

10 (b) MINIMUM QUALIFICATION OF GRANTEES.—Sec-  
11 tion 2652(a) of the Public Health Service Act (42 U.S.C.  
12 300ff–52(a)) is amended to read as follows:

13 “(a) ELIGIBLE ENTITIES.—

14 “(1) IN GENERAL.—The entities referred to in  
15 section 2651(a) are public entities and nonprofit pri-  
16 vate entities that are—

17 “(A) federally-qualified health centers  
18 under section 1905(l)(2)(B) of the Social Secu-  
19 rity Act;

20 “(B) grantees under section 1001 (regard-  
21 ing family planning) other than States;

22 “(C) comprehensive hemophilia diagnostic  
23 and treatment centers;

24 “(D) rural health clinics;

1           “(E) health facilities operated by or pursu-  
 2           ant to a contract with the Indian Health Serv-  
 3           ice;

4           “(F) nonprofit private entities that provide  
 5           comprehensive primary care services to popu-  
 6           lations at risk of HIV/AIDS.

7           “(2) UNDERSERVED POPULATIONS.—Entities  
 8           described in paragraph (1) shall serve underserved  
 9           populations which may include minority populations  
 10          and Native American populations, ex-offenders, indi-  
 11          viduals co-infected with HIV and hepatitis B or C,  
 12          low-income populations, inner city populations, and  
 13          rural populations.”.

14          (c) PREFERENCES IN MAKING GRANTS.—Section  
 15          2653 of the Public Health Service Act (42 U.S.C. 300ff-  
 16          53) is amended—

17                 (1) in subsection (b)(1)—

18                         (A) in subparagraph (A), by striking “ac-  
 19                         quired immune deficiency syndrome” and in-  
 20                         serting “HIV/AIDS”; and

21                         (B) in subparagraph (D), by inserting be-  
 22                         fore the semicolon the following: “and the num-  
 23                         ber of cases of individuals coinfectd with HIV/  
 24                         AIDS and hepatitis B or C”; and



1 (2) in subsection (d)(2), by striking “special  
2 consideration” and inserting “preference”.

3 (d) PLANNING AND DEVELOPMENT GRANTS.—Sec-  
4 tion 2654(c) of the Public Health Service Act (42 U.S.C.  
5 300ff–54(c)) is amended—

6 (1) in paragraph (1)—

7 (A) in subparagraph (A), by striking  
8 “HIV”; and

9 (B) in subparagraph (B), by striking  
10 “HIV” and inserting “HIV/AIDS”; and

11 (2) in paragraph (3), by striking “or under-  
12 served communities” and inserting “areas or to un-  
13 derserved populations”.

14 (e) AUTHORIZATION OF APPROPRIATIONS.—Section  
15 2655 of the Public Health Service Act (42 U.S.C. 300ff–  
16 55) is amended by striking “such sums” and all that fol-  
17 lows through “2005” and inserting “, \$218,600,000 for  
18 fiscal year 2007, \$226,700,000 for fiscal year 2008,  
19 \$235,100,000 for fiscal year 2009, \$234,800,000 for fis-  
20 cal year 2010, and \$252,800,000 for fiscal year 2011”.

21 **SEC. 302. GENERAL PROVISIONS.**

22 (a) COUNSELING SERVICES.—Section 2662(a) of the  
23 Public Health Service Act (42 U.S.C. 300ff–62(a)) is  
24 amended by striking “the disease” and inserting “HIV/  
25 AIDS”.

1 (b) APPLICABILITY OF CERTAIN REQUIREMENTS.—  
 2 Section 2663 of the Public Health Service Act (42 U.S.C.  
 3 300ff–63) is amended by striking “will, without” and all  
 4 that follows through “be carried” and inserting “with  
 5 funds appropriated through this Act will be carried”.

6 (c) ADDITIONAL REQUIRED AGREEMENTS.—Section  
 7 2664(a) of the Public Health Service Act (42 U.S.C.  
 8 300ff–64(a)) is amended—

9 (1) in paragraph (1)—

10 (A) in subparagraph (A), by striking  
 11 “and” at the end;

12 (B) in subparagraph (B), by striking  
 13 “and” at the end; and

14 (C) by adding at the end the following:

15 “(C) information regarding how the ex-  
 16 pected expenditures of the grant are related to  
 17 the planning process for localities funded under  
 18 part A (including the planning process de-  
 19 scribed in section 2602) and for States funded  
 20 under part B (including the planning process  
 21 described in section 2617(b)); and

22 “(D) a specification of the expected ex-  
 23 penditures and how those expenditures will im-  
 24 prove overall client outcomes, as described in

1 the State plan under section 2617(b) or  
 2 through additional outcome measures;”;

3 (2) in paragraph (2), by striking the period and  
 4 inserting a semicolon; and

5 (3) by adding at the end the following:

6 “(3) the applicant agrees to provide additional  
 7 documentation to the Secretary regarding the proc-  
 8 ess used to obtain community input into the design  
 9 and implementation of activities related to such  
 10 grant; and

11 “(4) the applicant agrees to submit to the lead  
 12 State agency under section 2617(b)(4) audits re-  
 13 garding funds expended in accordance with this title  
 14 and shall include necessary client level data to com-  
 15 plete unmet need calculations and Statewide coordi-  
 16 nated statements of need process.”.

17 **SEC. 303. CORE MEDICAL SERVICES.**

18 Subpart II of part C of title XXVI of the Public  
 19 Health Service Act (42 U.S.C. 300ff–61 et seq.) is amend-  
 20 ed by adding at the end the following:

21 **“SEC. 2688. REQUIRED FUNDING FOR CORE MEDICAL SERV-**  
 22 **ICES.**

23 “(a) IN GENERAL.—Notwithstanding any other pro-  
 24 vision of law, a grantee under this part shall expend not  
 25 less than 75 percent of the funds received under the grant

1 on core medical services, except that the Secretary shall  
 2 waive the application of this section with respect to a  
 3 grantee if the Secretary determines that, within the service  
 4 area of the grantee—

5           “(1) there is no waiting lists for AIDS Drug  
 6       Assistance Program services; and

7           “(2) core medical services are available to all  
 8       individuals infected with HIV/AIDS.

9       “(b) CORE MEDICAL SERVICES.—For purposes of  
 10 this section, the term ‘core medical services’ with respect  
 11 to an individual infected with HIV/AIDS (including the  
 12 co-occurring diseases of the individual) means the fol-  
 13 lowing services:

14           “(1) Outpatient and ambulatory health services.

15           “(2) AIDS Drug Assistance Program treat-  
 16       ments.

17           “(3) AIDS pharmaceutical assistance.

18           “(4) Oral health care.

19           “(5) Early intervention services.

20           “(6) Health insurance premium and cost shar-  
 21       ing assistance for low-income individuals.

22           “(7) Home health care.

23           “(8) Hospice services.

1           “(9) Home and community-based health serv-  
2           ices as defined under section 2614(c), except home-  
3           maker services.

4           “(10) Mental health services.

5           “(11) Substance abuse outpatient care.

6           “(12) Medical case management, including  
7           treatment adherence services.

8           “(c) SUPPORT SERVICES.—Notwithstanding any  
9           other provision of law, and subject to subsection (a), a  
10          grantee under this part, subject to the approval of the Sec-  
11          retary, may provide support services (such as respite care  
12          for individuals with HIV/AIDS, outreach services, medical  
13          transportation, nutritional counseling, linguistic services,  
14          and referral for health care and support services for indi-  
15          viduals with HIV/AIDS) needed to achieve medical out-  
16          comes which are related to the medical outcomes for an  
17          individual infected with HIV and approved by the Sec-  
18          retary.

19          “(d) DEFINITION OF MEDICAL OUTCOMES.—In this  
20          section, the term ‘medical outcomes’ means those out-  
21          comes affecting the HIV-related clinical status of an indi-  
22          vidual with HIV/AIDS.

23          “(e) UNEXPENDED FUNDS.—Any amounts required  
24          to be expended for core medical services or support serv-  
25          ices under this section that remain unobligated at the end

1 of the fiscal year in which the funds were awarded shall  
 2 be remitted to the Secretary for reallocation under this  
 3 section.”.

4 **SEC. 304. PAYER OF LAST RESORT.**

5 Section 2664(f)(1)(A) of the Public Health Service  
 6 Act (42 U.S.C. 300ff–64(f)(1)(A)) is amended by insert-  
 7 ing “(except for a program administered by or providing  
 8 the services of the Indian Health Service)” before the  
 9 semicolon.

10 **TITLE IV—WOMEN, INFANTS,**  
 11 **CHILDREN, AND YOUTH**

12 **SEC. 401. WOMEN, INFANTS, CHILDREN, AND YOUTH.**

13 Part D of title XXVI of the Public Health Service  
 14 Act (42 U.S.C. 300ff–71 et seq.) is amended to read as  
 15 follows:

16 **“PART D—WOMEN, INFANTS, CHILDREN, AND**  
 17 **YOUTH**

18 **“SEC. 2671. GRANTS FOR COORDINATED SERVICES AND AC-**  
 19 **CESS TO RESEARCH FOR WOMEN, INFANTS,**  
 20 **CHILDREN, AND YOUTH.**

21 “(a) IN GENERAL.—The Secretary, acting through  
 22 the Administrator of the Health Resources and Services  
 23 Administration, shall award grants to public and nonprofit  
 24 private entities (including a health facility operated by or  
 25 pursuant to a contract with the Indian Health Service)

1 that provide family-centered care involving outpatient or  
2 ambulatory care (directly or through contracts) for  
3 women, infants, children, and youth with HIV/AIDS.

4 “(b) ADDITIONAL SERVICES FOR PATIENTS AND  
5 FAMILIES.—Funds provided under grants awarded under  
6 subsection (a) may be also be used for the following sup-  
7 port services:

8 “(1) Family-centered care including case man-  
9 agement.

10 “(2) Referrals for additional services includ-  
11 ing—

12 “(A) referrals for inpatient hospital serv-  
13 ices, treatment for substance abuse, and mental  
14 health services; and

15 “(B) referrals for other social and support  
16 services, as appropriate.

17 “(3) Additional services necessary to enable the  
18 patient and the family to participate in the program  
19 established by the applicant pursuant to such sub-  
20 section including services designed to recruit and re-  
21 tain youth with HIV.

22 “(4) The provision of information and edu-  
23 cation on opportunities to participate in HIV/AIDS-  
24 related clinical research.

1       “(c) COORDINATION WITH OTHER ENTITIES.—A  
 2 grant awarded under subsection (a) may be made only if  
 3 the applicant provides an agreement that includes the fol-  
 4 lowing:

5           “(1) The applicant will coordinate activities  
 6 under the grant with other providers of health care  
 7 services under this Act, and under title V of the So-  
 8 cial Security Act.

9           “(2) The applicant will participate in the state-  
 10 wide coordinated statement of need under part B  
 11 (where it has been initiated by the public health  
 12 agency responsible for administering grants under  
 13 part B) and in revisions of such statement.

14           “(3) The applicant will every 2 years submit to  
 15 the lead State agency under section 2617(b)(4) au-  
 16 dits regarding funds expended in accordance with  
 17 this title and shall include necessary client-level data  
 18 to complete unmet need calculations and Statewide  
 19 coordinated statements of need process.

20       “(d) ADMINISTRATION.—

21           “(1) APPLICATION.—A grant may only be  
 22 awarded to an entity under subsection (a) if an ap-  
 23 plication for the grant is submitted to the Secretary  
 24 and the application is in such form, is made in such  
 25 manner, and contains such agreements, assurances,



1 and information as the Secretary determines to be  
2 necessary to carry out this section. Such application  
3 shall include the following:

4 “(A) Information regarding how the ex-  
5 pected expenditures of the grant are related to  
6 the planning process for localities funded under  
7 part A (including the planning process outlined  
8 in section 2602) and for States funded under  
9 part B (including the planning process outlined  
10 in section 2617(b)).

11 “(B) A specification of the expected ex-  
12 penditures and how those expenditures will im-  
13 prove overall patient outcomes, as outlined as  
14 part of the State plan (under section 2617(b))  
15 or through additional outcome measures.

16 “(2) QUALITY MANAGEMENT PROGRAM.—A  
17 grantee under this section shall implement a quality  
18 management program to assess the extent to which  
19 HIV health services provided to patients under the  
20 grant are consistent with the most recent Public  
21 Health Service guidelines for the treatment of HIV/  
22 AIDS and related opportunistic infection, and as ap-  
23 plicable, to develop strategies for ensuring that such  
24 services are consistent with the guidelines for im-

1       provement in the access to and quality of HIV  
2       health services.

3       “(e) ANNUAL REVIEW OF PROGRAMS; EVALUA-  
4       TIONS.—

5               “(1) REVIEW REGARDING ACCESS TO AND PAR-  
6       TICIPATION IN PROGRAMS.—With respect to a grant  
7       under subsection (a) for an entity for a fiscal year,  
8       the Secretary shall, not later than 180 days after  
9       the end of the fiscal year, provide for the conduct  
10      and completion of a review of the operation during  
11      the year of the program carried out under such sub-  
12      section by the entity. The purpose of such review  
13      shall be the development of recommendations, as ap-  
14      propriate, for improvements in the following:

15              “(A) Procedures used by the entity to allo-  
16      cate opportunities and services under subsection  
17      (a) among patients of the entity who are  
18      women, infants, children, or youth.

19              “(B) Other procedures or policies of the  
20      entity regarding the participation of such indi-  
21      viduals in such program.

22              “(2) EVALUATIONS.—The Secretary shall, di-  
23      rectly or through contracts with public and private  
24      entities, provide for evaluations of programs carried  
25      out pursuant to subsection (a).

1       “(f) CAP ON ADMINISTRATIVE EXPENSES.—A grant-  
 2 ee may not use more than 10 percent of amounts received  
 3 under a grant awarded under this section for administra-  
 4 tive expenses.

5       “(g) TRAINING AND TECHNICAL ASSISTANCE.—  
 6 From the amounts appropriated under subsection (i) for  
 7 a fiscal year, the Secretary may use not more than 5 per-  
 8 cent to provide, directly or through contracts with public  
 9 and private entities (which may include grantees under  
 10 subsection (a)), training and technical assistance to assist  
 11 applicants and grantees under subsection (a) in complying  
 12 with the requirements of this section.

13       “(h) DEFINITIONS.—In this section:

14               “(1) ADMINISTRATIVE EXPENSES.—The term  
 15 ‘administrative expenses’ means funds that are to be  
 16 used by grantees for grant management and moni-  
 17 toring activities, including costs related to any staff  
 18 or activity unrelated to services or indirect costs.

19               “(2) INDIRECT COSTS.—The term ‘indirect  
 20 costs’ means costs included in a Federally negotiated  
 21 indirect rate.

22               “(3) SERVICES.—The term ‘services’ means—

23                       “(A) services that are provided to clients to  
 24 meet the goals and objectives of the program  
 25 under this section, including the provision of

1 professional, diagnostic, and therapeutic serv-  
 2 ices by a primary care provider or a referral to  
 3 and provision of specialty care; and

4 “(B) services that sustain program activity  
 5 and contribute to or help improve services  
 6 under subparagraph (A).

7 “(i) AUTHORIZATION OF APPROPRIATIONS.—For the  
 8 purpose of carrying out this section, there are authorized  
 9 to be appropriated, \$71,800,000 for each of the fiscal  
 10 years 2007 through 2011.”.

11 **SEC. 402. GAO REPORT.**

12 Not later than 24 months after the date of enactment  
 13 of this Act, the Comptroller General of the Government  
 14 Accountability Office shall conduct an evaluation, and sub-  
 15 mit to Congress a report, concerning the funding provided  
 16 for under part D of title XXVI of the Public Health Serv-  
 17 ice Act to determine—

18 (1) how funds are used to provide the adminis-  
 19 trative expenses, indirect costs, and services, as de-  
 20 fined in section 2671(h) of such title, for individuals  
 21 with HIV/AIDS;

22 (2) how funds are used to provide the adminis-  
 23 trative expenses, indirect costs, and services, as de-  
 24 fined in section 2671(h) of such title, to family

1 members of women, infants, children, and youth in-  
 2 fected with HIV/AIDS;

3 (3) how funds are used to provide family-cen-  
 4 tered care involving outpatient or ambulatory care  
 5 authorized under section 2671(a) of such title;

6 (4) how funds are used to provide additional  
 7 services authorized under section 2671(b) of such  
 8 title; and

9 (5) how funds are used to help identify HIV-  
 10 positive pregnant women and connect them with care  
 11 that can improve their health and prevent perinatal  
 12 transmission.

## 13 **TITLE V—GENERAL PROVISIONS**

### 14 **SEC. 501. GENERAL PROVISIONS.**

15 Part E of title XXVI of the Public Health Service  
 16 Act (42 U.S.C. 300ff–80 et seq.) is amended to read as  
 17 follows:

#### 18 **“PART E—GENERAL PROVISIONS**

##### 19 **“SEC. 2681. COORDINATION.**

20 “(a) REQUIREMENT.—The Secretary shall ensure  
 21 that the Health Resources and Services Administration,  
 22 the Centers for Disease Control and Prevention, the Sub-  
 23 stance Abuse and Mental Health Services Administration,  
 24 and the Centers for Medicare & Medicaid Services coordi-  
 25 nate the planning, funding, and implementation of Federal

1 HIV programs including the Minority AIDS Initiative  
2 under section 2693 to enhance the continuity of care and  
3 prevention services for individuals with HIV/AIDS or  
4 those at risk of such disease. The Secretary shall consult  
5 with other Federal agencies, including the Department of  
6 Veterans Affairs, as needed and utilize planning informa-  
7 tion submitted to such agencies by the States and entities  
8 eligible for assistance under this title.

9       “(b) REPORT.—The Secretary shall biennially pre-  
10 pare and submit to the appropriate committees of the Con-  
11 gress a report concerning the coordination efforts at the  
12 Federal, State, and local levels described in this section,  
13 including a description of Federal barriers to HIV pro-  
14 gram integration and a strategy for eliminating such bar-  
15 riers and enhancing the continuity of care and prevention  
16 services for individuals with HIV/AIDS or those at risk  
17 of such disease.

18       “(c) INTEGRATION BY STATE.—As a condition of re-  
19 ceipt of funds under this title, a State shall provide assur-  
20 ances to the Secretary that health support services funded  
21 under this title will be integrated with other such services,  
22 that programs will be coordinated with other available pro-  
23 grams (including Medicaid), and that the continuity of  
24 care and prevention services of individuals with HIV/AIDS  
25 is enhanced.

1       “(d) INTEGRATION BY LOCAL OR PRIVATE ENTI-  
2 TIES.—As a condition of receipt of funds under this title,  
3 a local government or private nonprofit entity shall provide  
4 assurances to the Secretary that services funded under  
5 this title will be integrated with other such services, that  
6 programs will be coordinated with other available pro-  
7 grams (including Medicaid), and that the continuity of  
8 care and prevention services of individuals with HIV is  
9 enhanced.

10 **“SEC. 2682. AUDITS.**

11       “(a) IN GENERAL.—For fiscal year 2007, and each  
12 subsequent fiscal year, the Secretary may reduce the  
13 amounts of grants under this title to a State or political  
14 subdivision of a State for a fiscal year if, with respect to  
15 such grants for the second preceding fiscal year, the State  
16 or subdivision fails to prepare audits in accordance with  
17 the procedures of section 7502 of title 31, United States  
18 Code. The Secretary shall annually select representative  
19 samples of such audits, prepare summaries of the selected  
20 audits, and submit the summaries to the Congress.

21       “(b) POSTING ON THE INTERNET.—All audits that  
22 the Secretary receives from the State lead agency under  
23 section 2617(b)(4) shall be posted on the Internet website  
24 of the Health Resources and Services Administration.

1 **“SEC. 2683. PUBLIC HEALTH EMERGENCY.**

2       “(a) IN GENERAL.—In an emergency area and dur-  
3 ing an emergency period, the Secretary shall have the au-  
4 thority to waive such requirements of this title to improve  
5 the health and safety of those receiving care under this  
6 title and the general public, except that the Secretary may  
7 not expend more than 5 percent of the funds allocated  
8 under this title for sections 2620 and section 2603(b).

9       “(b) EMERGENCY AREA AND EMERGENCY PE-  
10 RIOD.—In this section:

11               “(1) EMERGENCY AREA.—The term ‘emergency  
12 area’ means a geographic area in which there ex-  
13 ists—

14                       “(A) an emergency or disaster declared by  
15 the President pursuant to the National Emer-  
16 gencies Act of the Robert T. Stafford Disaster  
17 Relief and Emergency Assistance Act; and

18                       “(B) a public health emergency declared  
19 by the Secretary pursuant to section 319.

20               “(2) EMERGENCY PERIOD.—The term ‘emer-  
21 gency period’ means the period in which there ex-  
22 ists—

23                       “(A) an emergency or disaster declared by  
24 the President pursuant to the National Emer-  
25 gencies Act of the Robert T. Stafford Disaster  
26 Relief and Emergency Assistance Act; and



1                   “(B) a public health emergency declared  
2                   by the Secretary pursuant to section 319.

3           “(c) UNOBLIGATED FUNDS.—If funds under a grant  
4 under this section are not expended for an emergency in  
5 the fiscal year in which the emergency is declared, such  
6 funds shall be returned to the Secretary for reallocation  
7 under sections 2603(b) and 2620.

8   **“SEC. 2684. PROHIBITION ON PROMOTION OF CERTAIN AC-**  
9                   **TIVITIES.**

10           “None of the funds appropriated under this title shall  
11 be used to fund AIDS programs, or to develop materials,  
12 designed to promote or encourage, directly, intravenous  
13 drug use or sexual activity, whether homosexual or hetero-  
14 sexual. Funds authorized under this title may be used to  
15 provide medical treatment and support services for indi-  
16 viduals with HIV.

17   **“SEC. 2685. PRIVACY PROTECTIONS.**

18           “‘The Secretary shall collect client-level data under  
19 this title in a manner that is consistent with the unique  
20 identifier as reported to the Director of the Centers for  
21 Disease Control and Prevention as of the date of enact-  
22 ment of this section.

23   **“SEC. 2686. GAO REPORT.**

24           “‘The Comptroller General of the Government Ac-  
25 countability Office shall biennially submit to the appro-

1 p r i a t e c o m m i t t e e s o f C o n g r e s s a r e p o r t t h a t i n c l u d e s a d e -  
 2 s c r i p t i o n o f F e d e r a l , S t a t e , a n d l o c a l b a r r i e r s t o H I V p r o -  
 3 g r a m i n t e g r a t i o n , p a r t i c u l a r l y f o r r a c i a l a n d e t h n i c m i n o r i -  
 4 t i e s , a n d r e c o m m e n d a t i o n s f o r e n h a n c i n g t h e c o n t i n u i t y  
 5 o f c a r e a n d t h e p r o v i s i o n o f p r e v e n t i o n s e r v i c e s f o r i n d i v i d -  
 6 u a l s w i t h H I V / A I D S o r t h o s e a t r i s k f o r s u c h d i s e a s e .  
 7 S u c h r e p o r t s h a l l i n c l u d e a d e m o n s t r a t i o n o f t h e m a n n e r  
 8 i n w h i c h f u n d s u n d e r t h i s s u b p a r t a r e b e i n g e x p e n d e d a n d  
 9 t o w h a t e x t e n t t h e s e r v i c e s p r o v i d e d w i t h s u c h f u n d s i n -  
 10 c r e a s e a c c e s s t o p r e v e n t i o n a n d c a r e s e r v i c e s f o r i n d i v i d -  
 11 u a l s w i t h H I V / A I D S a n d b u i l d s t r o n g e r c o m m u n i t y l i n k -  
 12 a g e s t o a d d r e s s H I V p r e v e n t i o n a n d c a r e f o r r a c i a l a n d  
 13 e t h n i c m i n o r i t y c o m m u n i t i e s .

14 **“SEC. 2687. DEFINITIONS.**

15 “For purposes of this title:

16 “(1) COUNSELING.—The term ‘counseling’  
 17 means such counseling provided by an individual  
 18 trained to provide such counseling.

19 “(2) FAMILY-CENTERED CARE.—The term  
 20 ‘family-centered care’ means the system of services  
 21 described in this section that is targeted specifically  
 22 to the special needs of infants, children, women and  
 23 families. Family-centered care shall be based on a  
 24 partnership between parents, professionals, and the  
 25 community designed to ensure an integrated, coordi-

1 nated, culturally sensitive, and community-based  
 2 continuum of care for children, women, and families  
 3 with HIV/AIDS.

4 “(3) FAMILIES WITH HIV/AIDS.—The term  
 5 ‘families with HIV/AIDS’ means families in which  
 6 one or more members have HIV/AIDS.

7 “(4) HIV.—The term ‘HIV’ means infection  
 8 with the etiologic agent for acquired immune defi-  
 9 ciency syndrome.

10 “(5) HIV/AIDS.—The term ‘HIV/AIDS’ means  
 11 infection with the etiologic agent for acquired im-  
 12 mune deficiency syndrome, and includes any condi-  
 13 tion arising from such syndrome.

14 “(6) OFFICIAL POVERTY LINE.—The term ‘offi-  
 15 cial poverty line’ means the poverty line established  
 16 by the Director of the Office of Management and  
 17 Budget and revised by the Secretary in accordance  
 18 with section 673(2) of the Omnibus Budget Rec-  
 19 onciliation Act of 1981.

20 “(7) PERSON.—The term ‘person’ includes one  
 21 or more individuals, governments (including the  
 22 Federal Government and the governments of the  
 23 States), governmental agencies, political subdivi-  
 24 sions, labor unions, partnerships, associations, cor-  
 25 porations, legal representatives, mutual companies,

1 joint-stock companies, trusts, unincorporated organi-  
 2 zations, receivers, trustees, and trustees in cases  
 3 under title 11, United States Code.

4 “(8) STATE.—The term ‘State’, except as oth-  
 5 erwise specifically provided, means each of the 50  
 6 States, the District of Columbia, the Virgin Islands,  
 7 Guam, American Samoa, the Commonwealth of the  
 8 Northern Mariana Islands, Puerto Rico, and the Re-  
 9 public of the Marshall Islands.

10 “(9) YOUTH WITH HIV.—The term ‘youth with  
 11 HIV’ means individuals who are 13 through 24  
 12 years old and who have HIV/AIDS.”.

## 13 **TITLE VI—DEMONSTRATION** 14 **AND TRAINING**

### 15 **SEC. 601. DEMONSTRATION AND TRAINING.**

16 Subpart I of part F of title XXVI of the Public  
 17 Health Service Act (42 U.S.C. 300ff–101 et seq.) is  
 18 amended to read as follows:

#### 19 **“PART F—DEMONSTRATION AND TRAINING**

#### 20 **“Subpart I—Special Projects of National Significance**

#### 21 **“SEC. 2691. SPECIAL PROJECTS OF NATIONAL SIGNIFI-** 22 **CANCE.**

23 “(a) IN GENERAL.—Of the amount appropriated  
 24 under each of parts A, B, C, and D for each fiscal year,  
 25 the Secretary shall use the greater of \$20,000,000 or an

1 amount equal to 3 percent of such amount appropriated  
2 under each such part, but not to exceed \$25,000,000, to  
3 administer special projects of national significance to—

4 “(1) quickly respond to emerging needs of indi-  
5 viduals receiving assistance under this title; and

6 “(2) to fund special programs to develop a  
7 standard electronic client information data system to  
8 improve the ability of grantees under this title to re-  
9 port client-level data to the Secretary.

10 “(b) GRANTS.—The Secretary shall award grants  
11 under subsection (a) to entities eligible for funding under  
12 parts A, B, C, and D based on—

13 “(1)(A) whether the funding will promote ob-  
14 taining client level data as it relates to the creation  
15 of a severity of need index under section  
16 2618(a)(2)(E)(iii), including funds to facilitate the  
17 purchase and enhance the utilization of qualified  
18 health information technology systems;

19 “(B) demonstrated ability to create and main-  
20 tain a qualified health information technology sys-  
21 tem;

22 “(C) the potential replicability of the proposed  
23 activity in other similar localities or nationally;

24 “(D) the demonstrated reliability of the pro-  
25 posed qualified health information technology system

1 across a variety of providers, geographic regions,  
2 and clients; and

3 “(E) the demonstrated ability to maintain a  
4 safe and secure qualified health information system;  
5 or

6 “(2) newly emerging needs of individuals receiv-  
7 ing assistance under this title.

8 “(c) COORDINATION.—The Secretary may not make  
9 a grant under this section unless the applicant submits  
10 evidence that the proposed program is consistent with the  
11 statewide coordinated statement of need, and the appli-  
12 cant agrees to participate in the ongoing revision process  
13 of such statement of need.

14 “(d) PRIVACY PROTECTION.—The Secretary may not  
15 make a grant under this section for the development of  
16 a qualified health information technology system unless  
17 the applicant provides assurances to the Secretary that the  
18 system will comply with the privacy regulations promul-  
19 gated under section 264(c) of the Health Insurance Port-  
20 ability and Accountability Act of 1996.

21 “(e) REPLICATION.—The Secretary shall make infor-  
22 mation concerning successful models or programs devel-  
23 oped under this part available to grantees under this title  
24 for the purpose of coordination, replication, and integra-  
25 tion. To facilitate efforts under this subsection, the Sec-

1 retary may provide for peer-based technical assistance  
 2 from grantees funded under this part.”.

3 **SEC. 602. AIDS EDUCATION AND TRAINING CENTERS.**

4 Section 2692(a)(2) of the Public Health Service Act  
 5 (42 U.S.C. 300ff–92(a)(2)) is amended—

6 (1) in subparagraph (A)—

7 (A) by inserting “and Native Americans”  
 8 after “minority individuals”; and

9 (B) by striking “and” at the end;

10 (2) in subparagraph (B), by striking the period  
 11 and inserting “; and”; and

12 (3) by adding at the end the following:

13 “(C) train or result in the training of  
 14 health professionals and allied health profes-  
 15 sionals to provide treatment for hepatitis B or  
 16 C co-infected individuals.”.

17 **SEC. 603. CODIFICATION OF MINORITY AIDS INITIATIVE**  
 18 **UNDER RYAN WHITE COMPREHENSIVE AIDS**  
 19 **RESOURCES EMERGENCY ACT OF 1990.**

20 Part F of title XXVI of the Public Health Service  
 21 Act (42 U.S.C. 300ff–101 et seq.) is amended by adding  
 22 at the end the following:

1           **“Subpart II—Minority AIDS Initiative**

2   **“SEC. 2693. MINORITY AIDS INITIATIVE.**

3           “(a) IN GENERAL.—There is authorized to be appro-  
 4   priated for the purpose of carrying out activities under  
 5   this section to evaluate and address the disproportionate  
 6   impact of HIV disease and disparities in access, treat-  
 7   ment, care, and outcome on racial and ethnic minorities,  
 8   including African Americans, Alaska Natives, Latinos,  
 9   American Indians, Asian Americans, Native Hawaiians,  
 10   and Pacific Islanders, \$131,200,000 for fiscal year 2007,  
 11   \$135,100,000 for fiscal year 2008, \$139,100,000 for fis-  
 12   cal year 2009, \$143,200,000 for fiscal year 2010, and  
 13   \$147,500,000 for fiscal year 2010.

14          “(b) CERTAIN ACTIVITIES.—

15               “(1) IN GENERAL.—In carrying out the purpose  
 16   described in subsection (a), the Secretary shall pro-  
 17   vide for—

18                       “(A) emergency assistance under part A;

19                       “(B) comprehensive care under part B;

20                       “(C) early intervention services under part  
 21   C;

22                       “(D) services through demonstration  
 23   projects for HIV-related care; and

24                       “(E) activities through education and  
 25   training centers under section 2692.



1           “(2) ALLOCATIONS AMONG ACTIVITIES.—Activi-  
2       ties under paragraph (1) shall be carried out by the  
3       Secretary in accordance with the following:

4           “(A) Of the amount appropriated for each  
5       fiscal year under subsection (a), \$43,800,000  
6       for fiscal year 2007, \$45,400,000 for fiscal year  
7       2008, \$47,100,000 for fiscal year 2009,  
8       \$48,800,000 for fiscal year 2010, and  
9       \$50,700,000 for fiscal year 2010, shall be used  
10      for competitive, supplemental grants to improve  
11      HIV-related health outcomes to reduce existing  
12      racial and ethnic health disparities.

13          “(B) Of the amount appropriated for each  
14      fiscal year under subsection (a), \$7,000,000 for  
15      fiscal year 2007, \$7,300,000 for fiscal year  
16      2008, \$7,500,000 for fiscal year 2009,  
17      \$7,800,000 for fiscal year 2010, and  
18      \$8,100,000 for fiscal year 2010, shall be used  
19      for competitive, supplemental support edu-  
20      cational and outreach services to increase the  
21      number of eligible racial and ethnic minorities  
22      who have access to treatment through the pro-  
23      gram under section 2616 for therapeutics.

24          “(C) Of the amount appropriated for each  
25      fiscal year under subsection (a), \$53,400,000

1 for fiscal year 2007, \$55,400,000 for fiscal year  
2 2008, \$57,400,000 for fiscal year 2009,  
3 \$59,500,000 for fiscal year 2010, and  
4 \$61,800,000 for fiscal year 2010, shall be used  
5 for planning grants, capacity-building grants,  
6 and services grants to health care providers who  
7 have a history of providing culturally and lin-  
8 guistically appropriate care and services to ra-  
9 cial and ethnic minorities.

10 “(D) Of the amount appropriated for each  
11 fiscal year under subsection (a), \$18,500,000  
12 for each of fiscal years 2007 through 2011 shall  
13 be used for sustaining and expanding efforts to  
14 deliver comprehensive, culturally and linguis-  
15 tically appropriate research-based intervention  
16 and care services for HIV disease to racial and  
17 ethnic minority women, infants, children, and  
18 youth.

19 “(E) Of the amount appropriated for each  
20 fiscal year under subsection (a), \$8,500,000 for  
21 each of fiscal years 2007 through 2011 shall be  
22 used for increasing the training capacity of cen-  
23 ters to expand the number of community-based  
24 racial and ethnic minority health care profes-  
25 sionals with treatment expertise and knowledge

1           about the most appropriate standards of HIV  
 2           disease-related treatments and medical care for  
 3           adults, adolescents, and children with HIV dis-  
 4           ease.

5           “(e) CONSISTENCY WITH PRIOR PROGRAM.—With  
 6   respect to the purpose described in subsection (a), the Sec-  
 7   retary shall carry out this section consistent with the ac-  
 8   tivities carried out under this title by the Secretary pursu-  
 9   ant to the Departments of Labor, Health and Human  
 10   Services, and Education, and Related Agencies Appropria-  
 11   tions Act, 2002 (Public Law 107–116).”.

12   **SEC. 604. AUTHORIZATION OF APPROPRIATIONS.**

13           Section 2692(c) of the Public Health Service Act (42  
 14   U.S.C. 300ff–92(c)) is amended to read as follows:

15           “(c) AUTHORIZATION OF APPROPRIATIONS.—

16               “(1) SCHOOLS; CENTERS.—For the purpose of  
 17   awarding grants under subsection (a), there and au-  
 18   thorized to be appropriated \$34,700,000 for each of  
 19   fiscal years 2007 through 2011.

20               “(2) DENTAL SCHOOLS.—For the purpose of  
 21   awarding grants under paragraphs (2) and (3) of  
 22   subsection (b), there are authorized to be appro-  
 23   priated \$13,000,000 for each of fiscal years 2007  
 24   through 2011.”.

## TITLE VII—MISCELLANEOUS PROVISIONS

### SEC. 701. HEPATITIS.

(a) PROVISION OF CERTAIN COUNSELING SERVICES.—Section 2662 of the Public Health Service Act (42 U.S.C. 300ff–62) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by inserting “, hepatitis B, and hepatitis C” before the semicolon;

(B) in paragraph (2), by inserting “and testing for hepatitis B and hepatitis C” before the semicolon;

(C) in paragraph (6), by striking “and” at the end;

(D) in paragraph (7), by striking the period and inserting “; and”; and

(E) by adding at the end the following:

“(8) if diagnosed with chronic hepatitis B or hepatitis C co-infection, the potential of developing hepatitis-related liver disease and its impact on HIV/AIDS.”; and

(2) in subsection (c)(3)(C)(i), by inserting “, hepatitis B, or hepatitis B” after “exposed to HIV” each place that such appears.

1 (b) USE OF AMOUNTS.—Section 2667 of the Public  
 2 Health Service Act (42 U.S.C. 300ff–67) is amended—

3 (1) in paragraph (2), by striking “and” at the  
 4 end;

5 (2) in paragraph (3), by striking the period and  
 6 inserting “; and”; and

7 (3) by adding at the end the following:

8 “(4) shall provide information on the trans-  
 9 mission and prevention of hepatitis A, B, and C and  
 10 the location of entities that provide hepatitis A and  
 11 B vaccinations to individuals with HIV.”.

12 **SEC. 702. TECHNICAL PROVISIONS.**

13 Title XXVI of the Public Health Service Act (42  
 14 U.S.C. 300ff et seq.) is amended by striking “HIV dis-  
 15 ease” each place that such appears and inserting “HIV/  
 16 AIDS”.

17 **SEC. 703. REPEAL.**

18 Section 2677 of the Public Health Service Act (42  
 19 U.S.C. 300ff–77) is repealed.

